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County: _____

District: _____

School: _____

**K-3 Class Size Reduction Program
Multitrack Year-Round Education
Waiver Request Certification**

Contact Person: _____

Title: _____

Address: _____

City/Zip Code: _____

Telephone: () _____ Ext. _____

FAX: () _____

Eligibility Criteria

As required by Education Code Section 52122.6, the following conditions apply prior to my submission of my Class Size Reduction Program waiver request:

1. The schoolsite or schoolsites, for which the waiver is requested, is on a multitrack year-round educational schedule (52122.6 (a)).
2. A minimum of 40 percent of the school district's enrollment is on a multitrack year-round educational schedule (52122.6 (b)).
3. For each acre of the schoolsite or schoolsites for which the school district is requesting a waiver, the schoolsite has an average of at least 200 elementary pupils enrolled in instructional programs that require regular pupil attendance at the site (52122.6 (c)).
4. The district has reconfigured attendance boundaries in order to implement the Class Size Reduction Program, or has determined that reconfiguration is ineffective for purposes of implementing the Class Size Reduction Program, at the schoolsite or schoolsites for which the waiver is requested (52122.6 (d)).

Certification

To the best of my knowledge and belief, the information in this certification and the corresponding comprehensive plan are true and correct and are in compliance with the state law and administrative provisions of the California Department of Education. The Governing Board of the above named school district (charter school) has authorized me to sign this certification on its behalf.

Signature

Signature of District Superintendent or Designee_____
Printed Name_____
Date